

hoolis Out (C



Join us on Half Day's this 2018 Spring School Year! Participants are picked up at their Northampton Public School following dismissal and chaperoned on field trips by experienced staff. *Northampton Public schools do not endorse, supervise or participate in the organization distributing this literature*

Friday, May 18th, 2018 Children in Grades 1st—5th

\$35 per day for Residents, \$45 per day for Non-Residents

Half day, 12:20pm-4:30pm [Pick up between 4:15pm-4:30pm]



May 18th, 12:20pm — 4:30pm **Bounce Trampoline, Springfield**

Participants will be picked up at their schools following dismissal. We will spend the afternoon at Bounce Trampoline for jumping fun!

WAIVER REQUIRED TO JUMP









Pick up at JFK Middle School by Tennis Courts, between 4:15pm — 4:30pm

Space is limited. Pre-Registration is required!

Return bottom with payment to the Parks & Recreation Dept., 100A Bridge Road, (next to JFK Middle School) by mail or in person, Monday-Friday, 8:30am-4:30pm. For further information: www.northamptonma.gov/recreation or 413-587-1040.

Spring 2018 School's Out Club on Half Day Teacher Professional Days

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Child's Name [First	& Last]	Gender M/F	Date of Birth	Age	Grade	School		
PARENT/GUARDIA	AN Parent 1/0	Parent 1/Guardian			Parent 2/Guardian (complete if any field is different)			
First & Last Name								
Street Address								
City/Town & Zip Code)							
Home Phone #								
Work Phone #								
Mobile Phone #								
Email Address								
Special Comments (al	llergies, requests, to be noted, etc.)							
Emergency Contact	Name:	ne:			Number:			
Friday, May 18th [12:20pm — 4:30pm] \$35 per child, per day (Residents) \$45 per child, per day (Non-Residents)								
TOTAL ENCLOSED: \$ Make checks payable to "Northampton Parks & Recreation Department"								
Charge my (circle one): Visa MasterCard Discover Card #				Exp. Date				

TO	OTAL ENCLOSED: \$	Make checi	Make checks payable to "Northampton Parks & Recreation Department"						
Charge my (circle one	e):Visa MasterCard Discover C	ard #	Exp. Date						
Name on Card		Signature_							
For Office Use:	Total Paid \$ RecTrac Entered	Cash/Check/ChargeStaff Initials	RCVD By Waiver Rec	Date eived					